

Laurel/Knox Counties Adult Drug Court Implementation Evaluation

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EXECUTIVE SUMMARY

The current evaluation report describes the implementation of the Laurel/Knox Adult Drug Court Program which was established initially as a pilot program in March 2000. It received a grant from the Bureau of Justice Assistance (BJA) to become fully implemented in September 2001. During this evaluation, data were collected on drug court operations and drug court participants in order to determine how effectively the 10 Key Components (OJP, 1997), a set of national standards defining effective Drug Court operations, were being implemented within this program. Process evaluation methods included interviews with Drug Court team members, a participant observation, and a focus group. The conclusion of this report is that the Laurel/Knox Counties Adult Drug Court is in compliance with the 10 Key Components, specifically:

Key Component #1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.

Findings from the focus group and participant observation showed that the Laurel/Knox Drug Court includes persons representing all aspects of the criminal justice system and the local treatment delivery system in order to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components. Specifically, active members of the Drug Court team include representatives of the court (judge, prosecutor, and defense attorney), corrections (probation), and treatment (counselors from the treatment provider).

Key Component #2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Results from the focus group and the participant observation indicated that the prosecutors and defense attorneys in both counties work together within their team to help in the participants' recovery process and cessation of criminal activities. By working together, the attorneys help to guarantee that the due process rights of the participant are protected and the public safety needs are served concurrently.

Key Component #3. Eligible participants are identified early and promptly placed in the Drug Court program.

Findings from the focus group and staff/team interviews revealed that the Laurel/Knox Drug Court strives to target, assess and place eligible participants into the program as quickly as possible. After the participant is referred to Drug Court an assessment is completed as soon as possible and drug testing begins. An Individualized Program Plan is developed for the participant, contact with a treatment specialist is established, and the participant begins the program. Although the judge has the authority to make the final approval for a participant to be admitted into the program, all members of the team contribute collaboratively to the decision making process.

Key Component #4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

Results from the focus group and staff/team interviews showed that the Drug Court team has successfully established a relationship with Cumberland River Comprehensive Care, the local substance abuse treatment provider. Team members work together with treatment counselors to provide the participant with intensive out patient substance abuse treatment. Drug Court participants are required to attend group and individual treatment sessions throughout the duration of the program. Drug Court staff also provides case management and make additional referrals to outside residential treatment programs such as Independence House and Crossroads.

Key Component #5. Abstinence is monitored by frequent alcohol and other drug testing.

Findings from the focus group and the staff/team interviews showed that the Drug Court participants are required to submit to a drug test when the initial assessment is completed. Frequent and random drug tests are required of the participant throughout the duration of the program in order to detect any illicit substances being used by the participant. Participants in the program agree to provide a urine sample when required. This sample is randomly tested for substances which include but are not limited to marijuana, cocaine, opiates, benzodiazepines, and methamphetamines. Breathalyzer tests are conducted randomly to test for alcohol use. Participants are tested a minimum of three times per week in Phase I, two times per week in Phase II, and one time per week in Phase III. A review of monthly status reports showed, a total of 1136 urine screens were collected between July 2001 and July 2002.

Key Component #6. A coordinated strategy governs Drug Court responses to participants' compliance.

Findings from the participant observation, records examination, and staff/team interviews showed that the Laurel/Knox Drug Court program uses a system of incentives and sanctions to encourage behavioral compliance among program participants. Incentives are prompted by the participant's compliance with the program rules and any achievement the participant accomplishes. Rewards may include such things as applause by the team, praise from the judge, certificates, and phase promotions. Sanctions, like incentives, are dispensed swiftly and in accordance with the offense. The range of sanctions employed includes verbal reprimands, community service, and possible jail time.

Key Component #7. Ongoing judicial interaction with each Drug Court participant is essential.

Findings from the participant observations and judge's interview indicated that the Drug Court team realizes the importance of judicial interaction with the participants and uses this interaction as an effective tool in the program. Observation of a court session in each county by researchers from the University of Kentucky showed that each judge paid careful attention to all participants appearing in court. The judge encouraged the participant to be open and honest while maintaining eye contact and showing approval for positive actions and behaviors. The judge also monitors participants' current activities through frequent communication with other members of the Drug Court team.

Key Component # 8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

An ongoing evaluation is being conducted by a research team at the University of Kentucky Center on Drug and Alcohol Research. This report is a part of this on-going comprehensive evaluation effort.

Key Component # 9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Findings from staff interviews showed that several members of the Laurel/Knox Drug Court team have attended a variety of educational workshops and trainings. The Commonwealth's Attorney, case specialist, treatment coordinator, and judges have attended trainings conducted by The National Drug Court Institute as well as other local and state workshops. In November of 2002, the Drug Court treatment coordinator attended a training for treatment providers in Dallas. By attending these educational training sessions, members of the Drug Court team are exposed to interdisciplinary perspectives and help to maintain a high level of professionalism, commitment, and collaboration among team members.

Key Component # 10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.

Findings from a participant observation and staff interview showed that the Laurel/Knox Drug Court program has successfully forged partnerships with many essential agencies and community organizations. The Drug Court team consists of representatives from the court, prosecution, defense, treatment providers, social service agencies, and law enforcement. The Drug Court program has not only formed a relationship with Cumberland River Comprehensive Care Center, the local state-funded substance abuse treatment facility, but also has partnered with other counseling services such as Independence House and Crossroads to promote a comprehensive treatment program for all participants. Relationships also have been formed between the Drug Court program and valuable community resources such as job development services and adult education programs.

Recommendations. Based on information collected from Drug Court team members, the four following recommendations were made:

- (1) Continue implementation in accordance with the 10 Key Components.
- (2) Enhance the aftercare component of the program by beginning an alumni group that will help support Drug Court graduates and provide positive peer support on a daily basis.
- (3) Continue to examine and resolve specific issues; for example, increasing awareness of the drug problems present in the community, and building relationships among key community representatives.
- (4) Continue efforts to sustain programming by fostering additional community relationships to help the program continue beyond the initial three-year funding provided by Federal sources. Contact should be established with more local agencies and foundations, and the Drug Court may wish to consider participating in advocacy groups that support funding addiction treatment and criminal justice programs.

Strengths. The Laurel/Knox Drug Court program has many strengths, which include a dedicated team who want to help participants work toward drug-free, crime-free lives. The program offers a structured environment that provides accountability and promotes responsibility. Other strengths include timely and appropriate sanctions, strong case management services, and frequent, random drug tests. Findings showed that participants remain almost crime-free (i.e., only 4 misdemeanor arrests were received by participants) and drug-free (i.e., only 7.1% of the 1136 urine screens tested positive for a drug). Most participants were employed full-time, many phase promotions were given, and eight participants graduated from the program. All of these during-program indicators showed the Drug Court has a significant influence on the lives of the participants while they are in the program, helping them to lead more pro-social and productive lives.

BACKGROUND AND SIGNIFICANCE

Need for Adult Drug Court

Kentucky is similar to the nation with respect to rising rates of incarcerated drug offenders. For example, 5,936 inmates were released in 1995 from adult institutions in Kentucky and 33.1% of them returned to prison within two years (Kentucky Department of Corrections, 1999). The overall recidivism rate increased from 30.8% in 1989 to 33.1% in 1995. Although recidivism is highest among violent offenders, the rate of recidivism for drug offenders is climbing rapidly. In addition, Leukefeld et al. (1999) found that 59% of Kentucky inmates were dependent on substances and that inmate illicit drug use one month prior to incarceration was 20 times higher than the general population. In response to the rising costs of incarceration and increased drug related arrests, Kentucky's Administrative Office of the Courts (AOC) established a Drug Court Department in July 1996, to provide fiscal and administrative oversight to all Drug Court programs in the Commonwealth to help to intervene in the drugs-and-crime cycle evident in among offenders in Kentucky.

Drug Court in Kentucky

The motto for Kentucky Drug Court is "A chance...a change." Kentucky Drug Court is aligned with more than 1000 Drug Courts across the United States. The mission of Kentucky Drug Court is to create a criminal justice environment that stops illicit drug use and related criminal activity and promotes recovery and re-socialization. Accordingly, adult Drug Court programs in Kentucky are grounded in the 10 Key Components described in the publication Defining Drug Courts: The Key Components (Drug Court Programs Office, 1997). These 10 Key Components were developed by the Drug Court Standards Committee to ensure that a core set of standards were defined for all Drug Court programs (see Table 1) to follow.

Table 1. 10 Key Components

1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
3. Eligible participants are identified early and promptly placed in the Drug Court program.
4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Drug Court responses to participants' compliance.
7. Ongoing judicial interaction with each Drug Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gage effectiveness.
9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.

In exchange for successful completion of the Drug Court program, the judge may choose to dismiss the participant's original charge through diversion or modify the type of probation. Drug Court transforms the roles of both criminal justice practitioners and Alcohol and Other Drug (AOD) treatment providers as they collaborate with each other in an attempt to help the offender to learn to live drug-free, crime-free, pro-social lives. A balance is stricken between the need for intensive supervision (ensuring public safety and offender accountability) and focused treatment on the many treatment needs evident in the population of adults who abuse drugs. Family therapy, substance abuse, relapse prevention, anger management, stress management, education, employment, life skills, structure, responsibility, accountability, and impulse control are only a few of the areas that adult Drug Court must address in order to have a favorable impact on the offender, and the community as a whole. The judge is the central figure in the

Drug Court, which is a team effort that focuses upon participant sobriety and accountability as its primary goals. As the central authority figure for the team, the judge acts as both advocate and instructor. This fundamentally shifts the role of the judge from being an adversary and punisher to being a mentor and a socializing agent for the participants.

History and Development of the Laurel/Knox Counties Drug Court Program

In Laurel County, during Fiscal Year 1999, 940 arrests were made for driving under the influence (DUI), 525 arrests were made for drunkenness, 274 arrests were made for narcotic drug law offenses, 20 arrests were made for liquor law offenses, and 299 arrests were made for other drug and alcohol related offenses. In Knox County, during Fiscal Year 1999, 492 arrests were made for DUI, 253 arrests were made for drunkenness, 152 arrests were made for narcotic drug law offenses, 13 arrests were made for liquor law offenses, and 161 arrests were made for other drug and alcohol related offenses. (Crime in Kentucky – Commonwealth of Kentucky 1999 Crime Report). Therefore, the court sought and received a three-year implementation grant from the Drug Court Programs Office (now Bureau of Justice Assistance) to establish an intensive program for drug offenders in these counties.

The purpose of this report is to provide the results of an intensive process evaluation of the Laurel/Knox Counties Drug Court Program conducted by the University of Kentucky to fulfill the mandate that all federally funded Drug Court programs be evaluated as a part of their implementation. The data for this report is for the period from July 2001 to July 2002, and it also should be noted the Laurel/Knox Drug Court Program began a pilot program in August 2000 prior to it being funded through a Bureau of Justice Assistance grant. This federal grant provides funding for this program from September 1, 2001 until June 30, 2004.

PROCESS EVALUATION METHODOLOGY

The Laurel/Knox Drug Court Program is grounded appropriately in the 10 Key Components described in the 1997 publication Defining Drug Courts: The Key Components. Therefore, the current evaluation focuses on describing the level of the program's compliance with the standards set out in the Key Components. To this end, a variety of established systematic research activities and methods were used to document the implementation of this program, including interviews with Drug Court staff, review of program records, focus group, and participant observations. Together these data showed that the Laurel/Knox Adult Drug Court closely adheres to the standards established in the 10 Key Components (Drug Court Programs Office, 1997).

Interviews

Structured qualitative interviews were conducted with each of the Drug Court team members, including the judge, drug court administrator, staff, prosecution and defense representatives, and treatment counselors. The *Drug Court Judge Interview* assessed the judge's level of prior experience with the target population, the perceived potential impact of the drug court on the community and judicial system, who determined program eligibility, overall capacity, the consequences for failing the program, the services needed, the planned level of supervision, and the types of graduated sanctions and rewards used. The *Drug Court Administrator Interview* was a comprehensive questionnaire which was completed with the drug court coordinator who detailed the specific operational characteristics of the drug court program. Specific sections highlighted the target population, program goals, program organization and function (e.g., recruitment, capacity, assessment, and services), supervision practices, staff characteristics, and community organization involvement. The *Drug Court Staff Interview*

gathered detailed data about the roles and treatment orientation of the Drug Court staff members. The *Prosecution, Defense, and Law Enforcement/Corrections: Interviews* focused on perceived benefits, level of understanding of what the new program will include, level of commitment to help make it work, and perceived problems it might cause. The *External Treatment: Interview* helped to pinpoint what types of treatment services were offered and through what avenues.

Court Observation

Two researchers from the University of Kentucky observed one session of each of the jointly operated Laurel and the Knox County Drug Courts, providing two unique observations of the operations of each of these courts. Data were coded using a protocol developed by Satel (1998) during a national study of 15 adult Drug Court programs. This protocol facilitated a systematic description of the interactional (exchanges between the judge, court staff, and participants) and environmental (physical characteristics of the setting) variables of the drug court session. The method involved coding the session on 17 specific characteristics that focused upon the interaction between the Drug Court judge and participants (including eye contact, physical proximity of the judge to the participant, who the judge first addresses, whether each participant remains present in the courtroom throughout the entire session, and time spent with each participant) and the courtroom setting (including seating arrangements and ambient noise level). In addition, Drug Court staff were asked to indicate how typical the observed session was for regular Drug Court operations. The court sessions which were observed by the researchers were described as being typical sessions by the treatment coordinator for the joint programs. A copy of the observation code sheet is included in Appendix A.

Monthly AOC Statistical Reports

The Laurel/Knox Counties Adult Drug Court makes monthly reports to the Administrative Office of the Courts. These reports summarize the number of candidates referred, the number assessed, the number of individual drug screens, number of candidates eligible, and the number transferred from probation. Also reported were the number of participants receiving phase promotions or demotions; the number of court sessions held; the number of participants identified as using an illicit substance based on urine drug screens; the number of individual sessions held; the number of drug treatment sessions; the number of family/support sessions; the number of participants referred to outside agencies; employment and educational status of participants; the number of employment and housing verifications made, amount paid towards court obligations; the number of sanctions, the number of participants rearrested for new charges; the number of terminations; and the total number of active participants in the preceding month. For the current evaluation, the monthly statistics reports covering July 2001 through July 2002 were reviewed and included in this evaluation report.

Program Documentation

Several sources of program documentation also were reviewed for the process evaluation. These included copies of the grant application submitted by each court for funding, handbooks provided by each Drug Court to its participants to outline the design and expectations of the program, and the policy and procedure manuals for each court.

Focus Group and Logic Model

A focus group also was conducted during the process evaluation with Drug Court team members. The goal of the focus group session was to synthesize a comprehensive description of program elements for this drug court using a “logic model” approach. A preformatted logic flow

model (adapted from Harrell, 1996) was completed during a researcher-led focus group to help Drug Court staff to articulate specific goals, outputs, and activities for their Drug Court, with special emphasis placed on identifying links between specific program activities and their influence on the stated goals and objectives.

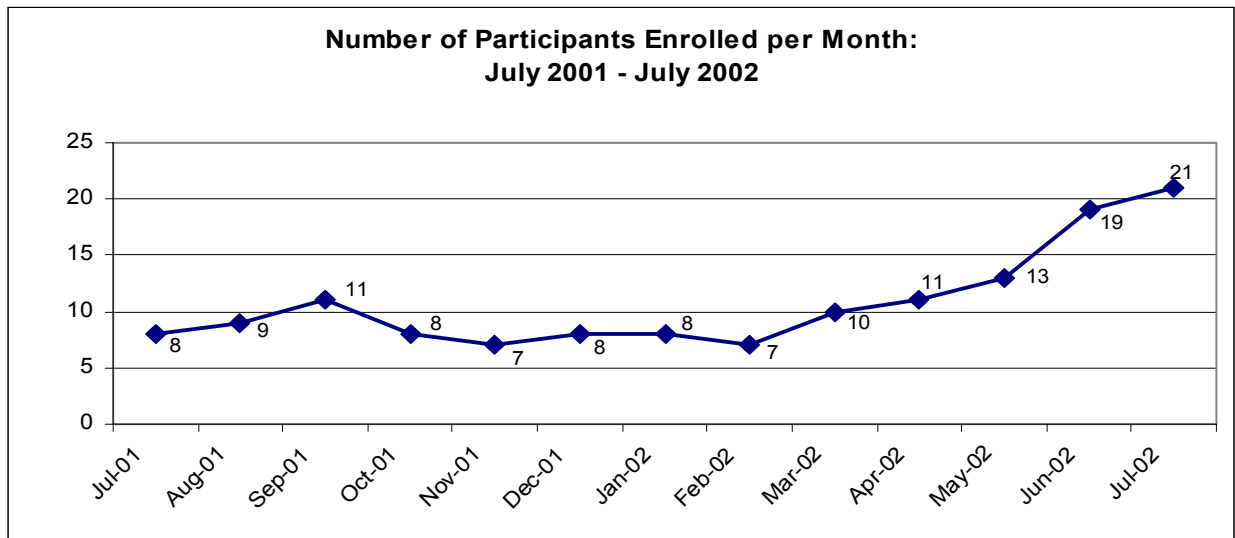
FINDINGS: PROGRAM DESCRIPTION

Drug Court Program Structure and Processes

Location. The Laurel/Knox Adult Drug Court Program serves Laurel and Knox counties, which are located in the Eastern Coalfield region of the state. In 2000, the total estimated population of Laurel County was 52,715 with 98% of the population Caucasian and .6% African American. The total estimated population of Knox County in 2000 was 31,795 with 98% of the population Caucasian and .8% African American (U.S. Census Bureau, 2000).

Capacity and caseflow. The Laurel/Knox Drug Court typically supervise between 25-35 participants. However, the Drug Court team does not specifically limit the number of participants it will accept provided that there are enough staff and services to successfully manage and treat all participants. Participants are accepted on a first-come-first-served basis and at the time of this report there was no list of individuals awaiting admission into the program. Review of the program found that enrollment in the programs grew from 7 to 21 participants who were active in Drug Court across the timeframe examined by this report. Monthly statistical reports were used to determine the monthly census for the Laurel/Knox Drug Court between July 2001 and July 2002 (shown in Figure 1). The average number of participants active per month was 11.6 (range 7 to 21).

Figure 1.



Drug Court staff and team members. The jointly operated Laurel/Knox Drug Court employs two full-time staff members, a coordinator and a case specialist. The Drug Court Treatment Coordinator is located in Knox County and provides administrative support, assessments for intake, case management when necessary, and assists with the Individual Participant Plans (IPP). The Drug Court Case Specialist is located in Laurel County and manages the urine screens, referrals, case management and assists with the participants' treatment plans. The Laurel/Knox Drug Court team involves two judges, one based in each county. The Drug Court team also includes probation/parole officers, a member of the Cumberland River Comprehensive Care Center, the Commonwealth's Attorney, and members of law enforcement staff. All members participate in the decision to accept referrals to the program based on a uniform set of eligibility criteria (described below).

Referrals, eligibility, and admission procedures. Participants can be referred to Drug Court by public defenders, judges, and prosecutors. Other recruitment methods include brochures inviting arrestees/defendants to apply and word-of-mouth. When a potential participant is referred into the program, the Drug Court staff meet with the potential participant to determine

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the participant's eligibility. To be admitted to the Laurel/Knox Drug Court, adults must be assessed on certain eligibility criteria. To be eligible for the program, potential participants must have a history of substance abuse. Potential participants also must be able to have transportation to keep court dates, treatment appointments, and drug screens. Participants who have a situation that prevents them from meeting all requirements of the program will not be admitted. Consistent with Federal funding requirements, violent offenders are not eligible for admission into the program nor are individuals who have history of domestic violence charges.

Each member of the team provides input on whether he or she thinks the referral will be a good candidate for the program. On many occasions, the prosecutor and probation officers have had prior interactions with these candidates, and consequently their input about the prospective participant is regarded highly by the entire team. After initial review by the team, the Drug Court Treatment Coordinator then administers the Kentucky Adult Severity Index (ASI, Logan, Messer, & Minton, 2001) either in the Drug Court office or at the detention center. The assessment is completed within three days of the referral and a formal decision for entry is then made by the team.

Table 2. Primary Goals and Measures

| Primary Goals | Measures for Goal Achievements |
|--------------------------------------|--|
| 1. Promote abstinence | Drug free babies; clean urine screens, number of meetings attended (AA/NA treatment groups, education, case specialist meetings.) |
| 2. Decrease recidivism | Number of re-arrests while in program and after graduation (tracked with Court net, a daily jail list, and arraignments are monitored daily as well. |
| 3. Community safety | Lower community drug arrests; lower property crime |
| 4. Increase life skills | Court approved housing; court approved employment; education level of participants; gaining/keeping children |
| 5. Community awareness | Number of media contacts; national recognitions; additional funding; request to speak; more referrals |
| 6. Expand and maintain resource base | Expanding and maintaining the number of agencies the Drug Court program can refer participants to |

Program goals. The primary goals of the Laurel/Knox Drug Court program is to eliminate substance use and criminal behavior associated with substance use, and to produce productive citizens. The measures for these goals include continued sobriety and employment, as well as renewed family relationships. In addition to the primary goals, the Laurel/Knox Drug Court reports to the Administrative Office of the Courts on the following goals and measures of goal achievement shown in Table 2 above.

Participant goals. Participants work on the following goals (see Table 3) as written in the program manual. Participants must agree to these goals and sign an authorization after having reviewed the program and program requirements with their defense attorneys. Although each participant follows an Individual Program Plan, the following goals are standard for all participants.

Table 3. Participant Goals

The Drug Court will work with you on individual goals, however the following goals are for every participant

1. To learn to live drug-free
2. To develop a non-criminal pattern of living
3. To improve employment skills through vocational training and educational pursuits
4. To attend NA/AA and other support groups
5. To improve self-esteem and self-motivation
6. To learn the warning signs of relapse and develop a relapse prevention plan
7. To increase social skills
8. To accept responsibility for financial obligations and learn budgeting skills

Phase structure. Like all Kentucky Drug Courts, programming for the Laurel/Knox Drug Court is divided into three distinct phases, each with a separate set of goals, requirements, and minimum length of time for reaching these goals. A general overview of these three phases (including Drug Court sessions, treatment activity, and supervision level) is presented in Table 4.

The total minimum expected duration of the participants' stay in Drug Court is 12 months, but participants often take longer to complete the program.

Table 4. Drug Court Program Phase Requirements

Phase I Requirements (Can be completed in two (2) months)

1. To attend Drug Court sessions at least twice a month
2. To provide at least three random drug screens each week which reflect no drug use
3. To attend at least three documented NA/AA meetings per week
4. To attend all assigned group, family, and/or individual counseling sessions
5. To being to make necessary arrangements toward payment of all court obligations
6. To maintain court-approved stable housing
7. To maintain court-approved employment, vocational training and/or education referrals
8. To write a daily journal entry and submit it to the Judge
9. Begin work on a 12-step recovery program

Phase II Requirements (Can be completed in six (6) months)

1. To attend Drug Court twice a month
2. To provide at least two random drug screens each week which reflect no drug use
3. To attend at least two documented NA/AA meetings per week
4. To attend all assigned group, family and/or individual counseling sessions
5. To develop a payment plan for any restitution, court costs, etc.
6. To maintain court-approved stable housing
7. To maintain court-approved employment, vocational training, and/or education referrals
8. To write a daily journal entry and submit it to the Judge
9. To complete assigned readings
10. To maintain daily physical activity
11. To do at least one good deed before each court appearance
12. To obtain/maintain an approved NA/AA sponsor and continue work on a 12-step program

Phase III Requirements (Can be completed in six (6) months)

1. To attend one Drug Court session a month
2. To provide at least one random drug screen each week which reflects no drug use
3. To attend at least one documented NA/AA meeting per week
4. To attend all assigned group, family and/or individual counseling sessions
5. To pay a substantial amount of restitution, court costs, etc.
6. To maintain court-approved stable housing
7. To maintain court-approved employment, vocational training, and/or educational referrals
8. To write a daily journal entry and submit it to the Judge
9. To complete assigned readings
10. To maintain daily physical activity
11. To do at least one good deed before each court appearance
12. To maintain a full-time sponsor and continue work on a 12-step program
13. To mentor a new Drug Court participant and/or group sessions
14. To complete an exit calendar, exit interview, and plans for aftercare.

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Generally, as the participants move through the 3 Drug Court phases, the number of court sessions that they are required to attend decreases, as does their level of supervision. In Phase I, participants are under the most intensive supervision. The level of supervision is reduced during Phases II and III. The number of treatment sessions that participants are required to attend is also dependent upon their treatment phase. During Phase I, participants are required to attend four individual treatment sessions and one group session per week. Participants must attend two individual sessions and one group session per week during Phase II. In Phase III, each participant must attend one individual and one group session per week. In addition, participants in the Laurel/Knox Drug Court program attend AA/NA meetings three times a week during Phase I, two times a week in Phase II and once a week in Phase III. In addition to treatment, participants are required to undergo urine screens during each phase. Participants also must be enrolled in school, or be working toward their GED and maintain employment.

Graduation. The judge has the discretion to determine who should graduate or be terminated (i.e., discharged involuntarily) from the Drug Court, and his decisions are based upon input from the rest of the team. Participants are recommended for graduation from the Drug Court after they have been in the program for at least 12 months; have actively participated in the program; have successfully completed all three program phases; have maintained stable living conditions for 10 months; have maintained stable employment for 10 months; and have provided at least four months of consistently drug free urine screens. Participants also are required to pay any outstanding fees by the end of the program.

Graduation ceremonies are open to the public if the participants wish for them to be. Family and friends are welcome as well as the media if the event is public. The participant is given a t-shirt, a plaque, gift certificates, and an opportunity to speak. Once participants

graduate they continue in an aftercare program that lasts for six months, and they are required to serve as a mentor for new participants or participate in group sessions and/or perform public speaking as requested by the program. Aftercare also involves continued attendance at AA or NA meetings, regular graduate support groups that continue to work on relapse prevention, alumni social meetings, and random urine screens or breathalyzer if requested by staff or the Drug Court judge. Graduates must notify Drug Court staff of any changes in address or employment status and contact the Drug Court at least once a year for five years.

Program rules and termination from Drug Court. Each new Drug Court participant is given a Laurel/Knox Drug Court Handbook at program entry that details the operations of the program, policies and procedures, rules, and what each participant can expect (see appendix C). Rules are viewed by the team as being important for a variety of reasons. First, rules impose a structured lifestyle which is often unfamiliar to participants and show participants that society follows a social order. Second, rules also ensure the safety of not only the staff but also the participants, and help the program to run more smoothly. Table 5 presents the statement of the rules the participants must follow to remain in Drug Court. Failure to follow rules can result in the imposition of a disciplinary sanction also can result in the expulsion of the participant from the program (for either serious infractions or for repeated rule breaking).

When a participant is repeatedly non-compliant with program rules, he or she may be terminated from the program (often the team recommends this to the judge who enacts termination from the program). The participant is notified during a Drug Court session that he/she has been terminated. At that point, the case is returned to the judge who proceeds with sentencing. Violence or mistreatment of any of the Drug Court team member, consistent dirty

drug screens, persistent non-compliance and new felony charges prompts termination from Drug Court.

Table 5. Participant Rules

1. Appropriate clothing is required at all times. You must wear a shirt or blouse, pants (or shorts of reasonable length), and shoes. Sunglasses will not be worn inside the Court or any treatment facility unless medically approved by the Court. Clothing bearing drug or alcohol-related themes, or promoting or advertising alcohol or drug use is not allowed.
2. You must attend all scheduled counseling sessions, educational sessions, and Court sessions unless you get prior approval. You must arrive on time and not leave until the meeting is over. If you are late you will not be allowed to attend and will be considered absent.
3. The following actions will not be tolerated:
 - a. Violence or threats of any kind
 - b. Coming to any Drug Court activity under the influence of any drug or alcohol
 - c. Possession of alcohol, drugs, weapons, etc.,
 - d. Inappropriate sexual behavior or harassment
4. You may not carry pagers or cellular phones to any Drug Court activity.
5. You must immediately notify staff of any arrest or Court obligations.
6. Drug Court will comply with KRS 620.030 regarding the reporting of abuse or neglect of children and KRS 209.030 regarding the reporting of cases of abuse and neglect of adults.
7. You must maintain appropriate behavior at all times during Drug Court sessions and while in the courthouse. Unless you are given prior approval, you must remain for the entire proceeding.
8. You must comply with the following curfew times: Sunday through Thursday 11:00 p.m., Friday and Saturday at midnight. If you work later hours you must notify staff in advance and you will be allowed enough time to get home.
9. Your family or friends should not loiter. If friends or family members are providing transportation, they should simply drop you off and pick you up at the end of any scheduled session.

Drug Court Program Elements

In addition to the structural and procedural components described in the preceding sections, the Laurel/Knox Drug Court also include a general set of components designed to engage participants in treatment while supervising their progress. These major program

elements include (a) Drug Court sessions, (b) treatment, (c) supervision, (d) sanctions and rewards, (e) community service, (f) good deeds, and (g) book reports. The following section describes these elements and presents a series of graphics that show how these elements were provided across the timeframe covered in this evaluation. Collectively, the data presented below can be used to assess the implementation of specific program elements and show trends that can be used programmatically for monitoring and planning.

Court sessions. Drug Court sessions are held the second and fourth Friday of every month in Laurel County and in Knox County to review the progress of the participants scheduled for review that week. Prior to each Drug Court session, the team members in Laurel County meet in the judge's chambers for staffing and in Knox County staffing occurs in the Law Library. During staffing the Drug Court team reviews and discusses the progress of the participants who will be appearing in court that day. The Drug Court treatment coordinator, public defender, treatment provider, prosecutor, and a representative from the probation/parole office in Knox County made reports to the judge about the participants' progress. During the Laurel County staffing the case specialist, Commonwealth's attorney, public defender, and the Comprehensive Care representative reported to the judge about the participants' progress. It was evident that both teams and the judges worked closely together to make recommendations for particular participant cases. Recommendations made by staff included when a participant was ready to be promoted to the next phase, if and what type of sanction or reward needed to be used, unmet service needs, and clinical and professional opinions regarding strategies that could be used to help the participant to progress in their treatment goals. The next section provides an in-depth description of a "typical" Drug Court session for the Laurel/Knox Drug Court. This

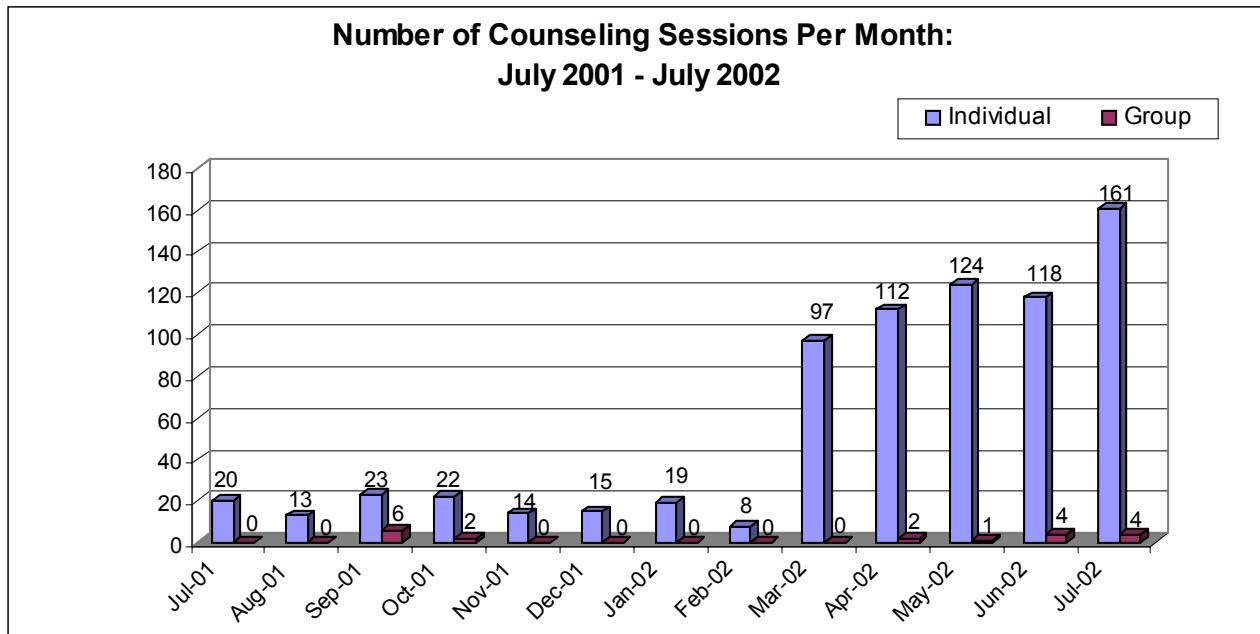
includes a summary of the participant observations by researchers from the University of Kentucky to give a detailed picture of how the Drug Court session was organized and conducted.

The ambient noise level was relatively low throughout the entire court session. Participants entered the courtroom as a group and in no particular order. Each participant remained throughout the entire Drug Court session. There were no family members present in either the Laurel or Knox County Drug Court session. The judge always addressed the participant first, and the participant stood at a podium directly in front of the judge in both the Laurel and Knox Drug Courts. In Laurel County, the participant stood five feet in front of the judge at a podium that had a microphone that was not turned on. Throughout the Laurel County Drug Court session, the Commonwealth's attorney, case specialist, and probation/parole officer sat to the left of the participant at a table. In Knox County there was not microphone present, and the Drug Court treatment coordinator, public defender, prosecutor, and probation/parole officer sat at a table to the left of the participant. Eye contact between the judge and the participant was sustained throughout both counties' Drug Court sessions. There was no physical contact between the judge and the participant in Knox County. However, in Laurel County, several participants were promoted to higher phases and the participants were rewarded with applause and a handshake from the judge. Participants in the Laurel County Drug Court were seen by the judge based upon seniority (i.e., participants who had been in the program longest were seen before new participants). Neither Laurel nor Knox County had a fixed sanction algorithm, and each participant was addressed on an individual basis. The average court review session for each participant in Laurel County lasted one minute and eighteen seconds. The mode was 30, 40, 45, 60, and 120 seconds, with two sessions lasting 30, 40, 45, 60, and 120 seconds each. The median individual session length was 50 seconds. Individual session lengths ranged in

length from 20 seconds to 4 minutes and 50 seconds. Eighteen participants appeared before the judge during the Laurel County Drug Court session. In both court sessions, the judge and participant addressed the gallery frequently throughout the session.

Treatment. The first Key Component of Drug Court, "...integrate alcohol and other drug treatment services with justice system case processing," is implemented at the Laurel/Knox Drug Court program to help adults to recover from their drug problems and to cease criminal behavior. Participants attend one group session each week throughout the duration of the program. Participants in Phase I of the program attend four individual counseling sessions per week. Phase II participants attend two individual sessions per week, and Phase III participants attend one individual session per week. The Laurel/Knox Drug Court uses Cumberland River Comprehensive Care as the primary treatment provider. Independence House and Crossroads provide residential services if necessary. The Drug Court staff also can provide in-house counseling as a form of secondary treatment if the participant needs additional services. The Drug Court's main philosophy of treatment is to address substance abuse issues and to provide tools to assist in recovery. The Drug Court places a strong emphasis on recovery and change in lifestyle. Goals of treatment are for the participants to be able to live a crime-free, healthy lifestyle, and to become productive and responsible members in their communities. Data from the monthly statistics reports suggest that adult Drug Court participants are receiving fairly intensive treatment services. Descriptive analyses combining group and individual sessions (summarized in Figure 2) showed that the fewest number ($\underline{n}=8$) of treatment sessions were provided in February of 2002, and the most sessions ($\underline{n}=161$) were given in July of 2002.

Figure 2.



Supervision. Treatment and supervision are two of the essential features of adult Drug Court. The combination of these two aspects of Drug Court intervention has been repeatedly shown to be effective for offenders in criminal justice-based treatment. (Nurco, Hanlon, Bateman, & Kinlock, 1995). The offender supervision component of the Drug Courts is reflected in the fifth key component, “Abstinence is monitored by frequent alcohol and other drug testing” and seventh “Ongoing judicial interaction with each Drug Court participant is essential” of the Ten Key Components of Drug Court. Observation of a court session by researchers from the University of Kentucky showed that the judge paid careful attention to urine drug test results, and reviewed these with participants during the court session. Data from the monthly statistical reports showed that the participants in the Drug Court appeared to be well supervised. Urine screening was frequently used, with a total of 1,128 (an average of 94.6 urine screens were collected each month). As shown in Figure 3, the fewest urine screens (43) were collected in November, 2001, and the most urine screens (179) were collected in July, 2002. While urine analyses are a useful way to examine overall supervision level, it should be noted that urine-

screening requirements decrease as participants are promoted to higher phases, and the participants' phase was not considered in these analyses. Thus, the number of urines per participant described in the Figure 4 underestimates the intensity of supervision provided.

Figure 3.

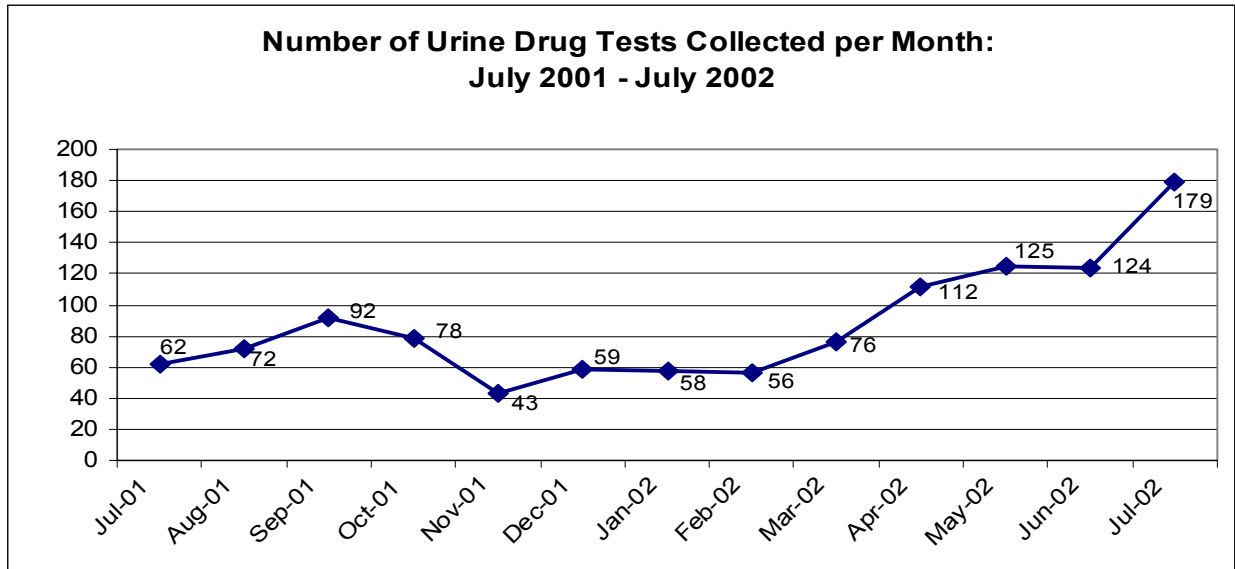
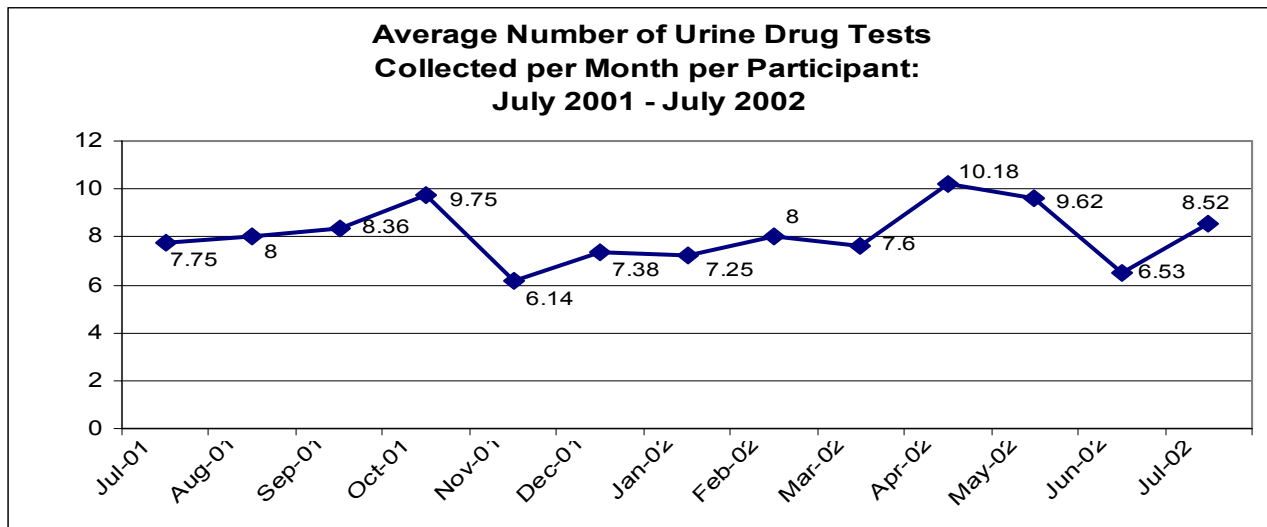


Figure 4.



Sanctions and rewards. Sanctions are applied to participants on a case-by-case basis.

The entire Drug Court team has input into sanctions; however the judge makes the final determination of what sanction will be used. Positive urine screens, missing work, not

completing community service, not completing assignments, being late to Drug Court sessions, and noncompliance with the Drug Court program, all prompt the use of a sanction. Sanctions used include jail time (which varies depending on the severity of the act), phase demotion, additional drug screens, additional treatment, additional contact with NA/AA sponsor, increased number of good deeds required, and termination from the program.

Participants earn rewards by being compliant with the program rules and making significant progress towards treatment goals. Rewards are given for clean urine screens, achievement of job or educational goals, and consistent program compliance. Rewards that are typically given in exchange for the participants' progress are praise from the judge, applause from the group, phase promotion, and reduced amount of contact with treatment staff.

Community service. Community service plays an important role in the Laurel/Knox Drug Court program because it encourages participants to be productive members of their community. Participants are assigned a community service activity sanction for noncompliance. The number of hours assigned is determined by the type of sanction. The Drug Court team works with several community agencies including PRIDE and Community Cooperative Care in order to provide participants with appropriate community service activities. Community service work is also required of participants who are not employed.

Good deeds. Good deeds are another program component used by the Laurel/Knox Drug Court team. Although good deeds are not established as a formal requirement, participants who present the judge with a report of a good deed are applauded in court.

Book reports. The Drug Court team uses book reports both as a means for enhancing treatment and as a sanction if appropriate. Participants are often required to write book reports on any issues that may be significant in the participant's life at that time. Participants may also be

required to read certain books and submit reports on the chapters they read. The Drug Court team also provides participants with workbooks dealing with particular drugs to be used as educational resources. Book reports are also used as a form of sanction whenever necessary, and if the Drug Court team thinks the participant might profit more from this experience than from other types of sanctions.

Logic model of the Drug Court program. As shown in Figure 5, the *target population* for the Laurel/Knox Drug Court program is drug-involved adults who have received a felony conviction. The adults either need to be substance abusers or substance dependent. In compliance with Federal guidelines the staff members indicated that they do not accept adults with violent offenses or traffickers who are trafficking for profit. They also exclude participants who have received any DUI charges or domestic violence charges, or have emergency protective orders filed against them.

The Laurel/Knox County Drug Court has access to a variety of *available resources* whose roles are to provide positive interventions for drug-involved adults. Currently the Drug Court uses Cumberland River Comprehensive Care Center as the primary treatment provider. The Laurel/Knox County Drug Court also takes advantage of the local spouse abuse shelter, the local GED program, Vocational Rehabilitation, and it utilizes the Cabinet for Families and Children as a resource. The Laurel/Knox Drug Court team provides the participants with in house counseling. The staff indicated the probation/parole is an important resource for their program. Staff said “probation/parole has been an important resource for the case specialists. They (probation/parole) escort the case specialists to homes where their safety may be threatened.” The Drug Court team listed Crossroads, and the local AA groups as important resources.

Laurel/Knox Counties Adult Drug Court Implementation Evaluation

Staff identified many *participant background characteristics* of the Laurel/Knox Drug Court participants. All the participants had a prior history of drug use and abuse. The staff indicated that the majority of the participants also have a limited amount of education. The Drug Court team described their participants as being indigent, unmotivated, and having limited amounts of social skills. The average age of the Laurel/Knox Drug Court participants is roughly 31, with none of participants over the age of 40.

The Laurel/Knox Drug Court utilizes a variety of *treatment activities*. The Drug Court participants attend individual and group therapy sessions regularly. The staff said that they use random drug screening, daily journaling which is graded, and good deeds as a part of their treatment activities. The Laurel/Knox Drug Court team said “our program aims to involve and positively affect the family members of the Drug Court participants and we offer parenting classes, family gatherings, and family orientation sessions to the participants and their families”. The Drug Court staff indicated that they offer a psychological education group which “touches basics such as daily living information” for the participants. Trophies and awards such as participant of the month are given to the participants in order to recognize and reward their successes and achievements.

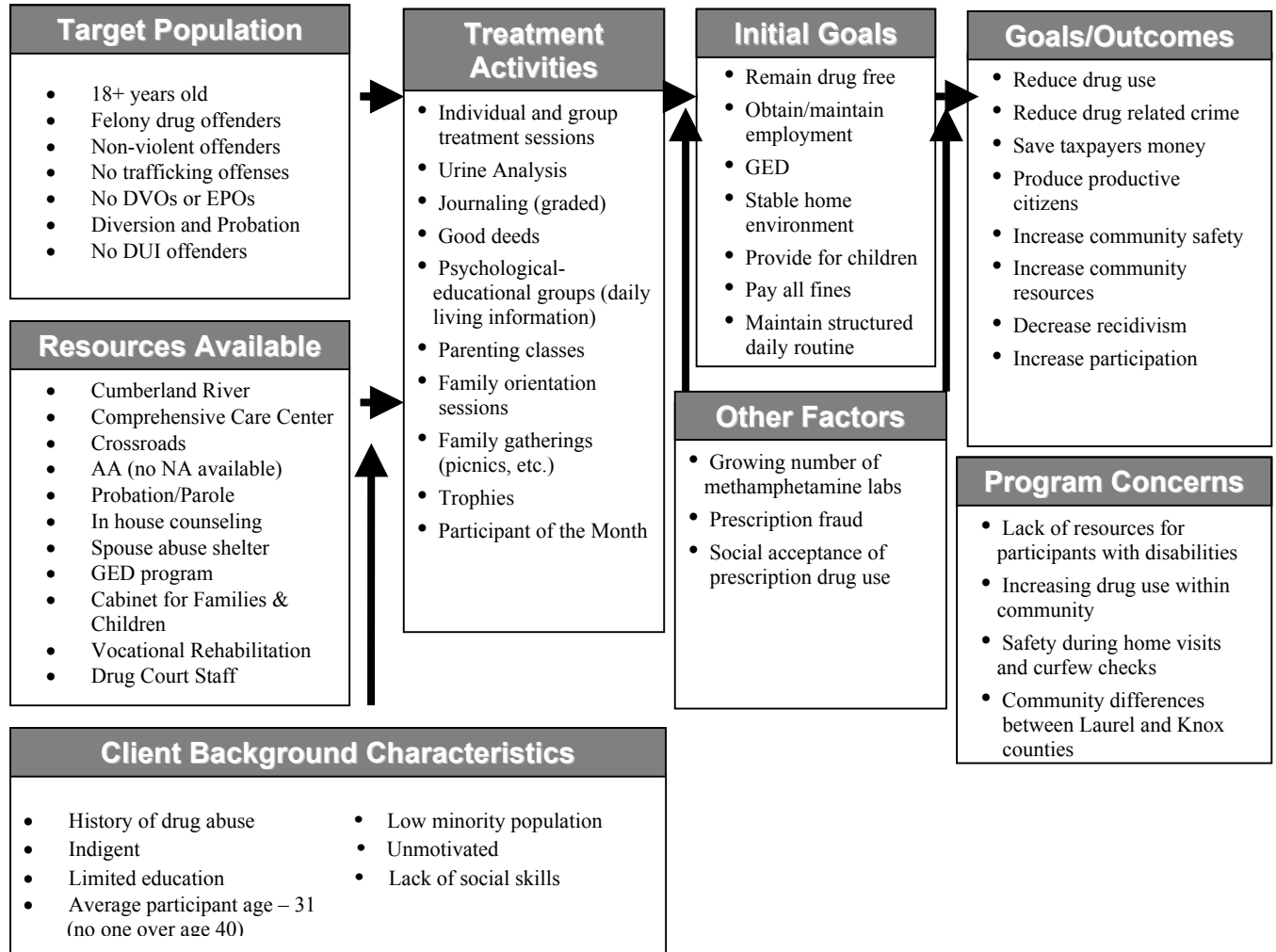
The *initial goals* of the Laurel/Knox Drug Court are for the participants to remain drug free. Staff said that they initially want the participants to have and maintain court approved housing, and obtain and maintain employment. The staff also expects the participants to enroll in school if needed, begin working towards their GED, adequately provide for their families, and begin repaying restitution fees.

Laurel/Knox Counties Adult Drug Court Implementation Evaluation

The Laurel/Knox Drug Court team indicated *other factors* that influence their adult Drug Court. The staff said that they have problems in the community with methamphetamine labs. One staff member expressed concern specific to this issue stating, “methamphetamine labs are becoming more and more common in the area”. The Laurel/Knox Drug Court staff also identified prescription medication fraud as major problem in the community, explaining “many people in the community that believe that prescription drug use and abuse is not an actual drug problem.”

The *long term outcomes or overall objectives* of the Laurel/Knox County Drug Court are for the court to help reduce drug use, and the number of drug-related crimes. The staff members also expect the participants to further their education, and the team hopes to facilitate the development of productive and responsible citizens. The staff stated that they also hope to decrease recidivism and to promote an increase in community safety. The team expressed a desire to increase the number of community resources available to the program. The Laurel/Knox Drug Court team presented different concerns they had with their program. One of these *program concerns* was the increasing amount of drug use within the community. The staff expressed unease related to the many differences between the two jurisdictions the Drug Court serves.

Figure 5. Logic Model: Laurel/Knox County Drug Court



FINDINGS: DURING PROGRAM IMPACT AND OUTCOMES

The primary emphasis of the Laurel/Knox Drug Court is to help its participants learn to live drug-free and crime-free lives. Participants are held accountable for their actions through therapeutic sanctions and rewards for their success. The Laurel/Knox Drug Court program appeared to impact a positive influence upon keeping participants in the program, helping participants maintain jobs, remain drug-free, and live a crime-free life.

Retention in Drug Court

Keeping participants in the Drug Court program is essential and crucial. If the participant

is removed from the program, the consequences are evident. He or she usually does not continue to receive treatment, thus reducing the chance that he or she will have positive outcomes.

Nevertheless, not everyone can be allowed to have indefinitely long stays in the program. Some participants need to be terminated to restore a therapeutic atmosphere, and provide an example to the remaining participants that they will be held accountable for criminal and deviant behavior, thus enforcing social and internal control. During the timeframe covered by the current report (July 2001-July 2002) one participant was terminated from the program and the rest remained active. This is encouraging because a large body of research in the substance abuse treatment field and in the Drug Courts shows that program graduates perform significantly better than those who do not finish a program.

Recidivism

Recidivism (often defined as rearrests) is a fundamental outcome indicator used to judge the effectiveness of criminal justice based programs. Therefore, one of the primary performance measures for the Laurel/Knox is the number of participants who are arrested for new crimes while they are under the program's supervision. Four participants were rearrested during the timeframe of the report. All arrests were misdemeanors; one arrest for alcohol intoxication, one arrest for menacing, one arrest for assault, and one arrest for domestic violence. No participants were arrested for felony charges.

Drug Use

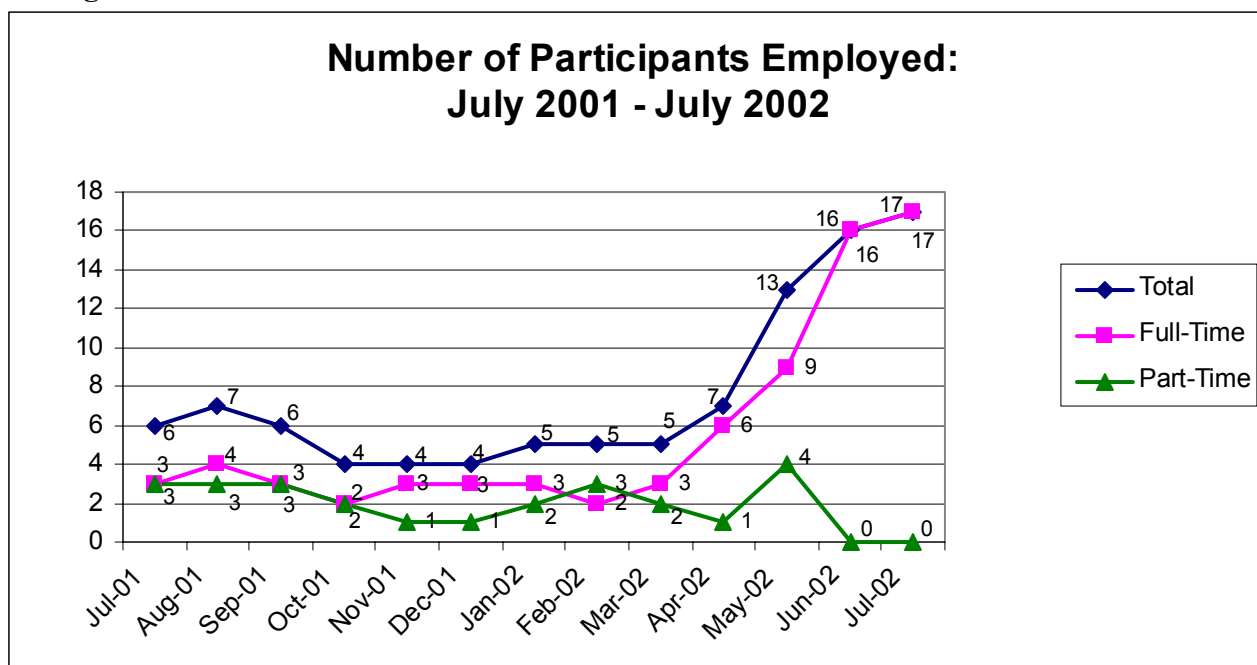
Many of the resources of the Laurel/Knox Drug Court are focused on reducing the use of alcohol and other illicit drugs among its participants. As noted previously, Drug Court staff provides recovery-oriented therapy to their participants and employ frequent urine testing for illicit drugs to determine participant progress and reveal relapses. During the timeframe covered

by this report there were a total of 81 positive drug screens, or 7.1% of the 1,136 of drug screens were positive that were conducted. Three of the urine tests were positive for cocaine, nine for opiates, 38 for marijuana, 14 for prescription drugs, and 27 tested positive for other drugs.

Employment

Employment problems are a reliable predictor of early dropout from treatment among adults in community-based substance abuse treatment programs; therefore, employment is required of every Drug Court participant unless they are a full time student. Data from the monthly statistics show that most participants have full-time jobs. Figure 6 summarizes participant employment data from the monthly statistical reports.

Figure 6.



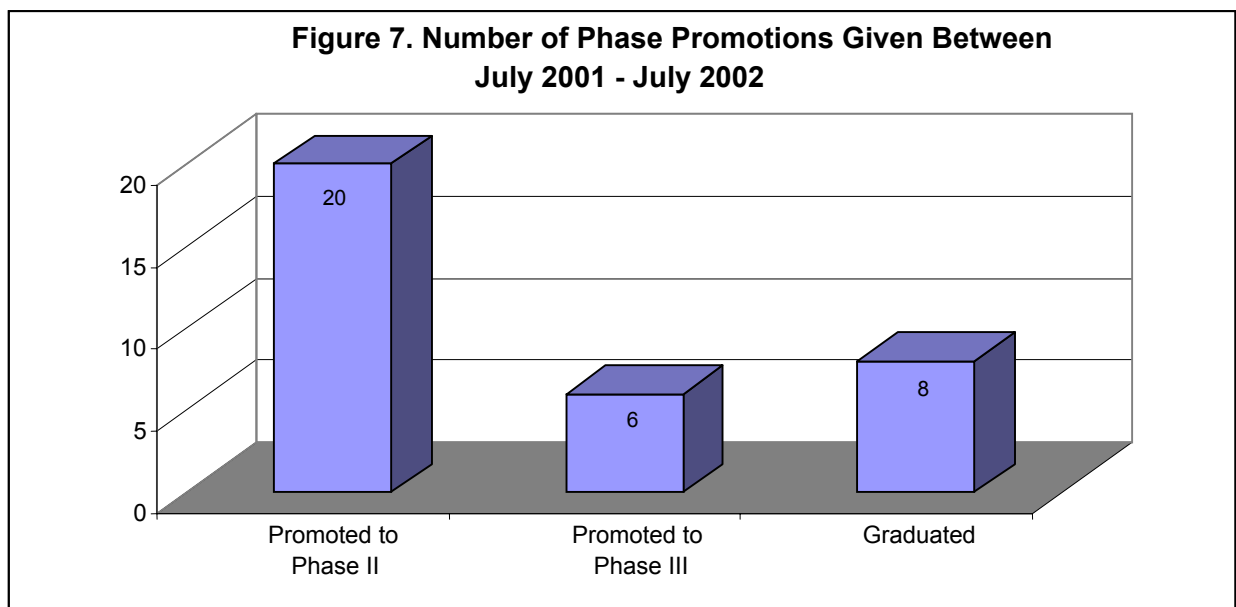
Sanctions

Drug Court programs are essentially intensive behavior modification programs, because of this, sanctions may be viewed as a necessary feature of the program that promotes participant accountability through the provision of appropriate consequences. Sanctions are given for

participant noncompliance in order to provide a means of correction for this behavior. Review of program records indicated that sanctions were generally used in a consistent manner following specific behavioral problems. However, the Laurel/Knox Drug Court program does not have a fixed sanction algorithm and sanctions are individualized. Between July 2001 and July 2002 a total of 30 sanctions were given. Most sanctions consisted of community service work; however, jail time of varying lengths was given when necessary. The Drug Court staff also used phase demotions as a sanction and demoted two participants during the timeframe of this report.

Phase Promotion

Promotions to a higher phase indicate that the participant is performing successfully in the program. Therefore, examining the number of phase promotions is a valuable during-treatment performance measure that provided direct behavioral measures of participants' compliance with treatment plans and program rules. As shown in Figure 7, analysis of data from the monthly statistical report covering the evaluation period of this report showed that 20 participants were promoted to Phase II and six participants were promoted to Phase III. Eight participants graduated the Drug Court program.



SUMMARY AND CONCLUSIONS

The Laurel/Knox Drug Court program provides recovery-oriented services and intensive supervision to adults with drug abuse problems. The Drug Court team has successfully developed a program offering structured treatment options, random drug testing, and a reward/sanction based system to promote accountability among participants. The Laurel/Knox Drug Court program works closely to help participants to begin their recovery, improve social functioning, and quit committing crimes. This program has matured beyond its planning phase, and has transitioned into a fully implemented, cohesive program. In conclusion the Laurel/Knox Drug Court is in full compliance with the 10 Key Components outlined for implementing effective Drug Court programs (DCPO, 1999). Specifically:

Key Component #1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.

Findings from the focus group and participant observation showed that the Laurel/Knox Drug Court includes persons representing all aspects of the criminal justice system and the local treatment delivery system in order to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components.

Key Component #2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Results from the focus group and the participant observation indicated that the prosecutors and defense attorneys in both counties work together within their team to help in the participants' recovery process and withdrawal from criminal activities. By working together, the attorneys help to guarantee that the due process rights of the participant are protected and the public safety needs are served.

Key Component #3. Eligible participants are identified early and promptly placed in the Drug Court program.

Findings from the focus group and staff/team interviews revealed that the Laurel/Knox Drug Court strives to target, assess and place eligible participants into the program. Although the judge has the authority to make the final approval for a participant to be admitted into the program, all members of the team contribute to the decision making process. After the participant is referred to Drug Court an assessment (ASI) is completed as soon as possible and drug testing begins. An Individualized Program Plan is developed for the participant, contact with a treatment specialist is established, and the participant begins the program.

Key Component #4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

Results from the focus group and staff/team interviews showed that the Drug Court team has successfully established a relationship with Cumberland River Comprehensive Care, the local substance abuse treatment provider. Team members work together with treatment counselors to provide the participant with intensive out patient substance abuse treatment. Drug Court participants are required to attend group and individual treatment sessions throughout the duration of the program. Drug Court staff also provides case management and make additional referrals to outside residential treatment programs such as Independence House and Crossroads.

Key Component #5. Abstinence is monitored by frequent alcohol and other drug testing.

Findings from the focus group and the staff/team interviews showed that the Drug Court participants are required to submit to a drug test when the initial assessment is completed. Frequent and random drug tests are required of the participant throughout the duration of the program in order to monitor any substances being used by the participant. Participants in the program agree to provide a urine sample which may be randomly tested on a weekly basis for substances which include but are not limited to marijuana, cocaine, opiates, benzodiazepines, and

methamphetamines. Breathalyzer tests are conducted randomly to test for alcohol use.

Participants are tested a minimum of three times per week in Phase I, two times per week in Phase II, and one time per week in Phase III. A total of 1136 urine screens were collected between July 2001 and July 2002.

Key Component #6. A coordinated strategy governs Drug Court responses to participants' compliance.

Findings from the participant observation, records examination, and staff/team interviews showed that the Laurel/Knox Drug Court program uses a system of rewards and sanctions to encourage compliance among program participants. Each participant is evaluated on a case by case basis. Rewards and incentives are prompted by the participant's compliance to the program and any achievements the participant may accomplish. Rewards may include such things as applause by the team, praise from the judge, certificates, and phase promotion. Conversely, participants may be sanctioned if they fail to act in compliance with the program. Sanctions, like incentives, are dispensed swiftly and in accordance with the offense. The range of sanctions employed includes verbal reprimands, community service, and possible jail time.

Key Component #7. Ongoing judicial interaction with each Drug Court participant is essential.

Findings from the participant observations and judge's interview indicated that the Drug Court team realizes the importance of judicial interaction with the participants and uses this interaction as an effective tool in the program. Observation of a court session in each county by researchers from the University of Kentucky showed that each judge paid careful attention to all participants appearing in court. The judge encouraged the participant to be open and honest while maintaining eye contact and showing approval for positive actions and behaviors. The

judge also monitors participants' current activities through frequent communication with other members of the Drug Court team.

Key Component # 8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

An ongoing evaluation is being conducted by a research team at the University of Kentucky Center on Drug and Alcohol Research. The current report is a part of this evaluation activity.

Key Component # 9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Findings from staff interviews showed that several members of the Laurel/Knox Drug Court team have attended a variety of educational workshops and trainings. The Commonwealth's Attorney case specialist, treatment coordinator, and judges have attended trainings conducted by The National Drug Court Institute as well as other local and state workshops. In November of 2002, the Drug Court treatment coordinator attended a training for treatment providers in Dallas. By attending these educational training sessions, members of the Drug Court team are exposed to interdisciplinary perspectives and strive to maintain a high level of professionalism, commitment, and collaboration.

Key Component # 10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

Findings from a participant observation and staff interview showed that the Laurel/Knox Drug Court program has successfully forged partnerships with many essential agencies and community organizations. The Drug Court team consists of representatives from the court, prosecution, defense, treatment providers, social service agencies, and law enforcement. The Drug Court program has not only formed a relationship with Cumberland River Comprehensive

Care Center, the local state-funded substance abuse treatment facility, but also has partnered with other counseling services such as Independence House and Crossroads to promote a comprehensive treatment program for all participants. Relationships have also been formed between the Drug Court program and valuable community resources such as job development services and adult education programs.

Recommendations. Based on information collected from Drug Court team members, the four following recommendations were made:

1. Continue implementation in accordance with the 10 Key Components.
2. Enhance the aftercare component of the program by beginning an alumni group that will help support Drug Court graduates and provide positive peer support on a daily basis.
3. Continue to examine and resolve specific issues; for example, increasing community awareness of drug problems and building relationships among key community representatives.
4. Continue efforts to sustain programming by fostering additional community relationships to help the program continue beyond the initial three-year funding provided by Federal sources. Established contact with additional local agencies and foundations. The Drug Court may wish to consider participating in advocacy groups that support funding addiction treatment and criminal justice programs.

Strengths. The Laurel/Knox Drug Court program has many strengths including dedicated team members who want to help participants work toward drug-free, crime-free lives. The program offers a structured environment that provides accountability and promotes responsibility. Other strengths include timely and appropriate sanctions, strong case management services, and

frequent, random drug tests. Findings showed that participants remain almost crime-free (i.e., only 4 misdemeanor arrests were received by participants) and drug-free (i.e., only 7.1% of the 1136 urine screens tested positive for a drug). Most participants were employed full-time, many phase promotions were given, and eight participants graduated from the program. All of these during-program indicators showed the Drug Court has a profound influence on the lives of the participants while they are in the program, helping them to lead more pro-social and productive lives.

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Appendix A

Participant Observation Coding Sheet

Laurel/Knox Counties Drug Court Implementation Evaluation Participant Observation Coding Sheet

Drug Court Code Number: _____ Date of Observation _____ Coder initials: _____

| | |
|-------------------------------------|---|
| Ambient noise/distraction | 1 2 3 4 5 low medium high |
| Participant miked | Yes / No |
| Closeness to bench | _____ Feet |
| Participant next to lawyer | Yes / No |
| Participant next to a family member | Yes / No |
| Who is first addressed | Participant / Personnel / Family member |
| Judge addresses family member | Yes / No |
| Level of eye contact | Sustained / Intermittent / None |
| Physical contact | Yes / No Specify _____ (e.g. graduation) |
| Remain throughout session | Yes / No Specify _____ (e.g. new participants only) |
| Arranged seating | Yes / No Specify _____ (e.g. jury box) |
| Order to cases | Yes / No Specify _____ (e.g. new participants first) |
| Fixed sanction algorithm | Yes / No |
| Review on short notice | Yes / No |
| Time spent with participant | _____ min. |
| Frequency of courtroom sessions | Weekly / Biweekly / Monthly / Bimonthly |
| Judge addresses gallery | Yes / No |
| Participant addresses gallery | Yes / No |
| Outside contact | Yes / No |

Adapted from: Statel, S. L. (1998). Observational study of courtroom dynamics in selected drug courts. National Drug Institute Review, I(1), 43-72.

Appendix B

Client Record Coding Sheet

Drug Court Name: _____

Record Number: _____

Drug Court Data Coding Sheet

1. Program Entry Date _____ Program Exit Date _____

2. Date Record Searched _____ Coder: _____

3. Did the client:

0 - Graduate?

1 - Terminate? (If yes, what was the highest phase of treatment that the client completed? _____)

2 - Still active

4. Which of the following describes the reason for completion/termination?

0- successfully completed tx

1- transferred to another tx agency

2- incarcerated due to new charge

3- incarcerated due to status revoke

4- discharge due to non-compliance with rules

5- absconded

6 - voluntarily dropped out/quit

7 - still in treatment

8 - turned 18

5. Gender: 0- Male 1- Female

6. Ethnic Background:

0- White

2- Hispanic

1- Black

3- Asian

7. Date of birth (m/d/y) _____

8. Medical status:

0- no medical problems

1- Pregnant (any time in program)

2- Other (specify) _____

9. Current education:

0 - In school

2 - Vocation training

1 - High School graduate

3 - GED

10. Special education needs:

0 - no

1 - yes

| LEGEND | |
|--------|--------------------------------------|
| 99 | Not applicable, legitimately missing |
| 88 | Missing, not answered |
| 77 | Drug court participant didn't know |

Laurel/Knox Counties Drug Court Implementation Evaluation

11. Employment while in drug court

0- Full-time employed

1- Part-time employed

2- Unemployed

12. Living status (during the year before entry into Juvenile Drug Court)

0- With parents

1- With other relatives

2- Foster care

3- Other (specify) _____

13. Children: 0 – No 1 - Yes

14. # of children _____

15.

| | Ever Used | Age at first use | # days used in past 30 days on the street |
|----------------------|------------|------------------|---|
| Nicotine | 0-no 1-yes | | |
| Alcohol | 0-no 1-yes | | |
| Marijuana | 0-no 1-yes | | |
| Opioids | 0-no 1-yes | | |
| Cocaine/Crack | 0-no 1-yes | | |
| Amphetamines | 0-no 1-yes | | |
| Other specify: _____ | 0-no 1-yes | | |

16. Ever received substance abuse treatment? 0- No 1- Yes

17. Substance abuse treatment history:

| | # of times |
|-------------|------------|
| Residential | |
| Outpatient | |
| AA/NA | |
| Not Found | |

18. Ever received mental health treatment? 0- No 1- Yes

19. Mental health treatment history:

| | # of times |
|-------------|------------|
| Residential | |
| Outpatient | |

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20. Prescription psychotropic medication history:

| Medication Name | Previously prescribed | Currently prescribed | # of Mgs/day |
|-----------------|-----------------------|----------------------|--------------|
| | 0-no 1-yes | 0-no 1-yes | |
| | 0-no 1-yes | 0-no 1-yes | |
| | 0-no 1-yes | 0-no 1-yes | |

21. Ever promoted? 0-no 1-yes

22. Ever demoted? 0-no 1-yes

23. Current phase _____

| From Phase: | To Phase: | Demotion – 0 Promotion - 1 | Enter Date MM/DD/YY |
|-------------|-----------|-------------------------------|------------------------|
| | | 0 1 | |
| | | 0 1 | |
| | | 0 1 | |
| | | 0 1 | |
| | | 0 1 | |
| | | 0 1 | |

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Urinalysis Results

of times participant missed urine drops: _____

of times participant had an abnormally diluted urine: _____

of negative urine drops: _____ (total negative urine screens)

| month/year | / | / | / | / | / | / | / | / | / | / | / | / |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|
| marijuana | | | | | | | | | | | | |
| crack/cocaine | | | | | | | | | | | | |
| opiates/heroin | | | | | | | | | | | | |
| sedatives/ barbiturates | | | | | | | | | | | | |
| amphetamines/ methamphetamines | | | | | | | | | | | | |
| other | | | | | | | | | | | | |

of times was the participant's urinalysis positive for more than 1 illegal drug? _____

Date of first positive urine: _____ Type of drug: _____

Date of last positive urine: _____ Type of drug: _____

Sanctions

| Type of Sanction? | Ever Received? No – 0 Yes -1 | Date of First Sanction: | # of times received: |
|--------------------------------|---------------------------------|----------------------------|-------------------------|
| Any sanctions: | 0 1 | | |
| Community service: | 0 1 | | |
| Incarceration: | 0 1 | | |
| # of days total incarceration: | | | |
| Increased Treatments: | 0 1 | | |
| Home incarceration: | 0 1 | | |
| Curfew restriction: | 0 1 | | |
| Book report: | 0 1 | | |
| Other (specify): | 0 1 | | |

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24. History of violence:

0- no violence indicated

1- violent act(s)

2- threats of violence

25. Original charges (date)

26. New charges while in drug court - 1 - Yes 0 – No Date _____

Level: Felony _____ Misdemeanor _____

Type of offense / Charges(specify):

27. Number of time incarcerated/detention: _____

28. School attendance:

Highest or current grade _____

School period: from date _____ to date _____

Total # of school days _____

of unexcused absences _____

of excused absences _____

of days suspended _____

of ISAP _____

Appendix C
Consent and Protocol for the
Drug Court Focus Group

Consent to Participate in a Research Study
EVALUATION OF THE DRUG COURT

INVESTIGATOR INFORMATION

Dr. Matthew Hiller (859) 257-9062
Dr. TK Logan (859) 257-8248
Danielle Malluche (859) 257-6052
Barbara Patterson (859) 257-6052

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research study of the Drug Court because you are a staff member of this program. If you volunteer to take part in this study, you will be one of several people to do so.

WHO IS DOING THE STUDY?

The people in charge of this study are Drs. Matthew Hiller and TK Logan of the Center on Drug and Alcohol Research at the University of Kentucky. There may be other people on the research team assisting at different times during the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of the study is to provide an in-depth description of the Drug Court Program using a logic model format that will document program goals (short and long-term), resources, and target population.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The research will be conducted at the Drug Court program offices. You will be asked to come to and participate in a focus group during which you will be asked to describe this program. The total amount of time you will be asked to volunteer for this study will be approximately one hour, the duration of the focus group.

WHAT WILL I BE ASKED TO DO?

You will be asked to participate in a small focus group whose purpose will be to complete a “logic” model of how the Drug Court operates. This focus group will take about 1 hour to complete. You will be asked to provide your impressions about various aspects of the program, including goals, resources, and target population. You will be asked to list a program goal (the expected result), then another, and then another until all goals have been represented on the logic diagram which will be drawn by a researcher/focus group facilitator. Next, outputs (short-term progress indicators) will be identified, followed by activities (specific actions taken and services provided to effect both outputs and goals). Other model components will represent the target population, resources (e.g., materials and personnel available), and antecedent/background (i.e., common participant risk factors) and mediator variables (such as additional services to which a participant might have access to but are not necessarily controlled by the reentry

court like welfare assistance). Finally, you will be asked to suggest logical causal links that will indicate how each part of the model or each component interlinks with each other.

Everyone on staff at the Drug Court will be asked to participate in the study, and participation is completely voluntary. You should feel free to choose not to participate in this study.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?

There are no specific reasons that you would be excluded from voluntarily participating in this study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

Please note that even though we will not identify you by name or title or function in our report or in notes we take during the study, your responses and input during the focus group will be made in the presence of other focus group members, some of whom might be your supervisor or boss. Also, because only a small number of people are participating, we cannot guarantee that your answers will be confidential. It may be that someone who knows you participated in the group will be able to determine or guess that you provided particular pieces of information summarized in the final report. We cannot guarantee that you will not be reprimanded or punished in some other way by your employer because of the information that you share with us. We suggest that if you feel that something you wish to say may be offensive to someone in the group or could possibly provoke a negative reaction from your employer that you refrain from sharing that information. Moreover, some people find participating in a group to be an unpleasant experience, especially when they talk about their job, themselves, or their program. You do not have to answer any questions that you do not wish to answer or provide any information that you do not wish to provide. You can stop or quit the focus group at any time.

WILL I BENEFIT FROM TAKING PART IN THIS STUDY?

There is no guarantee that you will get any benefit from taking part in this study. However, your participation in this study may benefit the program because the report might help other's to better understand how the Drug Court works.

DO I HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

IF I DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST ME TO PARTICIPATE?

There is no charge to you for participating in the study.

WHO WILL SEE THE INFORMATION THAT I GIVE?

We will keep private all research records to the greatest possible extent. Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered, but because only a small number of people will be participating in the focus groups, we cannot guarantee that the data will be confidential. It is possible that someone who reads the data summarized in the final report will be able to determine or guess who said what. You will not be identified by name or position or function in any write-ups or notes. You, however, should be reminded that you will be sharing information in front of other focus group participants, and we cannot guarantee that they will keep your statements during the focus group private or confidential. Nor can we guarantee that others will not react in a negative manner to information that you share with us.

You also should know, however, that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to the proper authorities if it is suspected that you have abused a child, or if you pose a danger to yourself or to someone else. In addition, someone at the University of Kentucky may look at or copy records that could identify you.

CAN MY TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. None of the researchers will think badly of you or treat you differently if you decide not to take part in the study. The individuals conducting the study may need to withdraw you from the study. This may occur if you are not able to follow the directions they give you, or if they find that your being in the study is more risk than benefit to you

WHAT HAPPENS IF I GET HURT OR SICK DURING THE STUDY?

Even though it is very unlikely that you will get hurt or become ill because of this study, if you believe you are hurt or if you get sick because of something that is done during the study, you should call Dr. Matthew Hiller at 895-257-9062 immediately. It is important for you to understand that the University of Kentucky will not pay for the cost of any care or treatment that might be necessary because you get hurt

or sick while taking part in this study. That cost will be your responsibility. Also, the University of Kentucky will not pay for any wages you may lose if you are harmed by this study.

WILL I RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will not receive any rewards or payment for taking part in the study.

WHAT IF I HAVE QUESTIONS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact Dr. Matthew Hiller at 895-257-9062. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-3138. We will give you a copy of this consent form to take with you.

Signature of person agreeing to take part in the study

Date

Printed name of person taking part in the study

Name of person providing information to the subject

Signature of Investigator

PROTOCOL FOR DRUG COURT FOCUS GROUPS

THE FOCUS GROUP: BRIEF INTRODUCTION

While the facilitator is making the introduction, the note takers should begin to take notes on what is said during the focus groups. They should not sit at the main table, but place themselves unobtrusively to the side. The facilitator will keep notes by writing the responses on the logic model displayed on the easel note pad. The facilitator will encourage but not force consensus on the answers from the group.

THE INTRODUCTION

- “Thank you very much for agreeing to participate in our focus group. This is an important part of our study, and we really appreciate your giving up your time in order to help us out.”
- “Today we are here to discuss the goals, outcomes, and activities of the drug court program. What has been planned, how it is going, and what contributes to the way that this program operates.”
- “With this information we will be completing a logic map of the program operations, including desired outcomes, target population, resources, program activities, with the goal of making a ‘snapshot’ of how the program works.”
- “You are the people who know your program the best, and we encourage you to talk about it as much as you wish. We will be taking notes today, but we will not be keeping track of who said what. We also will not write things in the final report that you do not wish us to put in there.”
- “We think it is important that we all agree that we should feel free to describe the program in our own words and to not criticize what others say. What we really want to develop is a picture of how the drug court operates, and to try to capture this in your words.”
- O.K., any questions before we begin?

TOPIC ONE: TARGET POPULATION

“Let’s start with target population for your drug court.”

- Who are the participants targeted by your program?
- What characteristics do you look for when considering if this person is an appropriate candidate for this program?

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- Are there any particular criteria they need to meet in order to be eligible? What are they? Are there things that you use as exclusionary criteria? In other words, are there types of participants you would consider to be inappropriate for the program?
- Which characteristics/criteria are the ones that your program can best address?

**** Facilitator should “star” the characteristics named as those best addressed by the program***

- Does everybody agree? Is there anything anyone would like to add?

TOPIC TWO: GOALS OF THE DRUG COURT

“O.K., lets talk about the goals of the program. When we say goal, we mean a desired state of affairs which outlines the ultimate purpose of the program. This is the end product toward which your efforts are directed. Programs can, and frequently do, have several goals. To get things started, you may want to think of what it was that you stated in your mission statement as a source for your goals.”

- Who would like to start off identifying some of the goals that this drug court is supposed to achieve?
- Does everyone agree? Does anyone have different or additional goals in mind?
- Which of those is the most important goal? Does everyone agree?

**** Facilitator should “star” the most important goals.***

TOPIC THREE: PROGRAM OUTPUTS

“Let’s next talk about the program outputs. By this what we mean is the immediate or short-term things you hope to accomplish to help realize your long-term goals. Generally speaking, these are the daily objectives you hope to accomplish with your participants”

- Who would like to start off telling us some of the specific objectives expect the participant and/or program to achieve on a daily basis?
- Does everyone agree? Who has another idea?
- Which outputs are critical/most critical in meeting the goal you just listed?
- How does each output relate to which goal?

**** Facilitator should “star” the most important ones***

- Does everybody agree? Is there anything you would like to add?

TOPIC FOUR:
PROGRAM INPUTS/ACTIVITIES

“We will now move to discuss program services and other activities. Meaning, those services and activities that are expected to produce results which will meet the stated outputs and goals. In other words, what do you do with the participants on a daily basis?”

- Can anyone start us off by telling us what are the activities and/or services that this program provides?
- Does everyone agree? Who has another idea to put on the model?
- Which output/goal is this activity supposed to meet? How?
- Which activities/services have the biggest impact on the program outputs and goals?

**** Facilitator should “star” the most important ones***

- Does everybody agree? Is there anything you would like to add?

TOPIC FIVE:
RESOURCES

“Let’s next talk about program resources. What resources are available, both internal and external, that helps you to provide services? For example, are volunteer groups available?”

- How is the program funded?
- Is there any type of support you receive from the community? Other programs/service agencies?
- Do you have volunteer staff/mentors?
- Which resources are most essential to your meeting short-term and long-term program the goals?

**** Facilitator should “star” the most important ones***

- Does everybody agree? Is there anything you would like to add?

TOPIC SIX:

ANTECEDENTS / BACKGROUND FACTORS

“Now we would like to make a list of all the participant characteristics that you think may influence the outcomes and/or use of program services. These can pertain to program characteristics like program organization, training or level of experience of staff, as well as community and/or target population, factors such as neighborhood, family, peer-group, and/or any personal or demographic characteristics of participants.”

- Does anyone want to start by telling us about a particular experience that they have had of something that might not have been planned that really impacted how program services deliver of operate? (Probe: What about publicity about the program?)
- What community characteristics might influence program outcomes? Does everyone agree?
- What staff background characteristics might influence program outcomes? Does everyone agree? What are essential characteristics that staff should possess?
- What participant background characteristics might influence program outcomes? Does everyone agree?
- Which one of these do you think has the strongest influence on what types or quality of services get delivered? That is community, staff, or participant characterization.

**** Facilitator should “star” the most important ones***

- Does everybody agree? Is there anything else you would like to add?

TOPIC SEVEN:

MEDIATING EVENTS

“We will now talk about other types of events or participants that you think could influence how or whether your program accomplishes its goals. These could include, for example, utilization of services outside the program, social norms and attitudes, social factors such as peer groups, living arrangements, family function etc.”

- Do participants have ready access to other types of services in the community that can help them achieve their goals and support them?
- What characteristics of the participant will have a strong impact on whether they will realize these goals and the outputs of the program? Does everyone agree?
- What about particular attitudes or social norms? Does everyone agree?
- What about peer group? Family?

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- Which of these do you think exert the strongest influence on the outputs and goals of the program?

** Facilitator should “star” the most important ones*

- Does everyone agree? Is there anything else you would like to add?

“Does anyone have anything else that they wish to add to the program model? Have we missed anything? Have we put anything down on the map wrong? Thank you very much for your time. This has been an interesting and engaging exercise and we hope you enjoyed it. Have a good day.”

Appendix D
Laurel/Knox Drug Court Handbook

DRUG COURT HANDBOOK

a chance...a change

27th Judicial Circuit
Laurel-Knox Counties

Hon. Lewis B. Hopper – Division I
Hon. Roderick Messer – Division II

INTRODUCTION

Welcome to Drug Court. This is a voluntary, intensely supervised program. As a participant, you must be motivated to work toward changing your lifestyle and becoming free of addiction. This program is specifically designed to meet your needs and the needs of our community. This program is accessible regardless of race, religion, sex, ethnic origin, sexual preference, marital status, age or physical and/or mental disability.

PROGRAM DESCRIPTION

Drug Court is a court-managed, drug intervention treatment program operated in a collaborative effort with the Administrative Office of the Courts, Division of Probation and Parole, and a variety of community services designed to provide a reasonable cost-effective alternative to imprisonment. The program will take at least one year to successfully complete. If you are on the diversion track and are successful, the Drug Court Judge will set aside your guilty plea and the charge against you will be dismissed. If you are on the probation track, the Drug Court Judge may conditionally discharge the remainder of your probationary time. At any time during the program you may withdraw or you may be terminated from the program if you fail to comply with the rules and your treatment plan.

YOUR GOALS

The Drug Court will work with you on individual goals, however the following goals are for every participant

9. To learn to live drug-free
10. To develop a non-criminal pattern of living
11. To improve employment skills through vocational training and educational pursuits

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12. To attend NA/AA and other support groups
13. To improve self-esteem and self-motivation
14. To learn the warning signs of relapse and develop a relapse prevention plan
15. To increase social skills
16. To accept responsibility for financial obligations and learn budgeting skills

COSTS RELATED TO DRUG COURT

You will be required to pay at least part of the costs for your participation in Drug court after consideration by the Judge of your financial circumstances.

PARTICIPANT RULES

Any and all infractions of the rules will be documented in writing and reviewed by the Judge.

10. Appropriate clothing is required at all times. You must wear a shirt or blouse, pants (or shorts of reasonable length), and shoes. Sunglasses will not be worn inside the Court or any treatment facility unless medically approved by the Court. Clothing bearing drug or alcohol-related themes, or promoting or advertising alcohol or drug use is not allowed.
11. You must attend all scheduled counseling sessions, educational sessions, and Court sessions unless you get prior approval. You must arrive on time and not leave until the meeting is over. If you are late you will not be allowed to attend and will be considered absent.
12. The following actions will not be tolerated:
 - a. Violence or threats of any kind
 - b. Coming to any Drug Court activity under the influence of any drug or alcohol
 - c. Possession of alcohol, drugs, weapons, etc.,

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d. Inappropriate sexual behavior or harassment

13. You may not carry pagers or cellular phones to any Drug Court activity.
14. You must immediately notify staff of any arrest or Court obligations.
15. Drug Court will comply with KRS 620.030 regarding the reporting of abuse or neglect of children and KRS 209.030 regarding the reporting of cases of abuse and neglect of adults.
16. You must maintain appropriate behavior at all times during Drug Court sessions and while in the courthouse. Unless you are given prior approval, you must remain for the entire proceeding.
17. You must comply with the following curfew times: Sunday through Thursday 11:00 p.m., Friday and Saturday 12:00 midnight. If you work later hours you must notify staff in advance and you will be allowed enough time to get home.
18. Your family or friends should not loiter. If friends or family members are providing transportation, they should simply drop you off and pick you up at the end of any scheduled session.

PROGRAM PLANS

Based on your needs, In Individualized Program Plan will be developed. You are expected to assist in the development of the plan. The plan will outline the goals you must reach to complete the Drug Court Program. There are three phases of the program.

Phase I Requirements (Can be completed in two (2) months)

1. To attend Drug Court sessions at least twice a month
2. To provide at least three random drug screens each week which reflect no drug use
3. To attend at least three documented NA/AA meetings per week

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4. To attend all assigned group, family, and/or individual counseling sessions
5. To being to make necessary arrangements toward payment of all court obligations
6. To maintain court-approved stable housing
7. To maintain court-approved employment, vocational training and/or education referrals
8. To write a daily journal entry and submit it to the Judge
9. Begin work on a 12-step recovery program

Phase II Requirements (Can be completed in six (6) months)

1. To attend Drug Court twice a month
2. To provide at least two random drug screens each week which reflect no drug use
3. To attend at least two documented NA/AA meetings per week
4. To attend all assigned group, family and/or individual counseling sessions
5. To develop a payment plan for any restitution, court costs, etc.,
6. To maintain court-approved stable housing
7. To maintain court-approved employment, vocational training, and/or education referrals
8. To write a daily journal entry and submit it to the Judge
9. To complete assigned readings
10. To maintain daily physical activity
11. To do at least one good deed before each court appearance
12. To obtain/maintain an approved NA/AA sponsor and continue work on a 12-step program

**Phase III Requirements
(Can be completed in six (4) months)**

1. To attend one Drug Court session a month
2. To provide at least one random drug screen each week which reflect no drug use
3. To attend at least one documented NA/AA meeting per week
4. To attend all assigned group, family and/or individual counseling sessions
5. To pay a substantial amount of restitution, court costs, etc.,
6. To maintain court-approved stable housing
7. To maintain court-approved employment, vocational training, and/or educational referrals
8. To write a daily journal entry and submit it to the Judge
9. To complete assigned readings
10. To maintain daily physical activity
11. To do at least one good deed before each court appearance
12. To maintain a full-time sponsor and continue work on a 12-step program
13. To mentor a new Drug Court participant and/or group sessions
14. To complete an exit calendar, exit interview, and plans for aftercare.

MEDICATION

In order to preserve the integrity of the drug tests, you must receive approval of the Drug Court Staff to use over-the-counter medications.

In order to take prescription medication, you must present a legible written statement from the prescribing physician addressed to Drug Court which states that the physician is aware that you are a Drug court participant, that the medicine is necessary to treat your medical condition, and the specific time you will need to take the medication. You must sign a medical release authorizing the Drug Court

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Staff and the physician to discuss your medical treatment in light of your addiction or substance abuse. Prescriptions are not automatically accepted. Prescription refills are not acceptable, but must be accompanied by a new prescription and new physician's statement. Prescriptions from multiple physicians will be denied and constitute cause for imposition of sanctions.

SANCTIONS

For each infraction, immediate sanctions will be imposed by the Judge. These sanctions include:

1. You may be required to attend additional meetings or provide additional urine samples for drug testing;
 2. You may be demoted to another phase and required to complete that phase again;
 3. You may be required to do community service;
 4. You may be required to enter and complete a residential drug treatment program;
 5. You may be jailed for each infraction for up to (30) days and then continued in the program;
- AND
6. You may be terminated from the program.

GRADUATION

Graduation comes after successful completion of the program. In addition to meeting program requirements, you should be able to show how Drug Court has positively influenced your life. Graduates will be honored and receive a certificate at a Drug Court session. Special ceremonies will be conducted.

AFTERCARE

You are required to be available for 4 months after graduation to serve as a mentor for new participants or group session and/or perform public speaking as requested by the Program. Aftercare also

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involves continued attendance at AA or NA meetings, regular graduate support groups that continue to work on relapse prevention, alumni social meetings, and random urine screens or breathalyzer if requested by Staff or the Drug Court Judge. Graduates must notify Drug Court Staff of any changes in address or employment status and contact the Drug Court at least once a year for 5 years.

DRUG COURT SCHEDULE

Drug court will be held in Laurel County at least twice each month, at **8:30 a.m.**, in the ***Circuit Courtroom***, Laurel County courthouse, London, Kentucky.

Drug Court will be held in Knox County at least twice each month, at **8:30 a.m.**, in the ***Circuit Courtroom***, Knox County Courthouse, Barbourville, Kentucky.

Due to other responsibilities of the Judges, a Drug Court Sessions may be rescheduled. If this is done, you will be notified in advance of the alternate date.